

**Abstract 649**

**TITLE:** Adherence in the Age of Highly Active Anti-Retroviral Therapy (HAART): Racial And Gender Differences

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**BACKGROUND/OBJECTIVES:** HAART has been one of the most promising advances in the fight against HIV/AIDS. Unfortunately, the new regimens require strict adherence if optimal viral suppression is to be maintained. Multiple types of barriers may inhibit perfect adherence. The objective of this study was to examine the relationship of patient perceived barriers and reported adherence, and to explore whether racial or gender differences existed in perceived barriers.

**METHODS:** A cross-sectional study was conducted with a patient population of an ongoing prospective cohort study in an outpatient HIV clinic (N =158). The second visit was the time point of interest. Data on adherence and barriers were self-reported, using a five point Likert-scale. The data was collected using a computerized questionnaire, the Patient Medication Adherence Questionnaire (PMAQ), designed to measure adherence and perceived barriers. Adherence was defined as reporting no missed doses of medication within the last 4 weeks. Higher total barrier scores reflected more reported barriers.

**RESULTS:** Approximately 35% of the sample identified as African-American. Thirteen percent of the sample was female. Using logistic regression and including only barrier score in the model, there was a 6% increase in risk of being non-adherent for every point increase in barrier score, OR= 1.060 (1.016, 1.106). When including race and/or sex in the model, there was no change in association [adjusted for: race OR=1.061 (1.016, 1.108); sex OR=1.063 (1.017, 1.110); race and sex OR=1.064 (1.018, 1.112)]. There were six barriers that had a statistically significant difference by race and two different barriers, which differed by sex. Whites were more likely to report that medications were not convenient (p=0.02) and that they were taking more medication than desired (p=0.014) as being a barrier. Blacks were more likely to report: they had no storage place for medications (p=0.024), they ceased medications when they felt better (p=0.033), they did not take medications when away from home (p=0.014), and they were embarrassed to get refills (p=0.019). Women were both more likely to forget to refill medications and not understand how to take their medications.

**CONCLUSION:** The findings provide insight into the psychological and social factors that should be addressed in behavioral interventions to improve adherence to HAART. Additionally, the differential endorsement of some barriers among groups suggests that interventions should be tailored to address culturally relevant concerns regarding antiretroviral adherence.

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